- SAMPLE LETTER -

Critical Care Echocardiography Certification Practice Experience Pathway (Requirement 5 - TEE)

Mentors Name

123 Main Street New York, NY 54321 (212) 123-5432 Email address
Date letter was written (MM/DD/YYYY)
National Board of Echocardiography, Inc.® 3915 Beryl Rd. Suite 130 Raleigh, NC 27607-5609
RE: Applicant's Full Name Applicant's Date of Birth
REQUIREMENT 5
The records presented to me by Dr(Applicant's name) reflect that(he/she) has personally performed and interpreted(# of cases) transesophageal echocardiograms, between(MM/DD/YYYY) and(MM/DD/YYYY) I have discussed with Dr(Applicant's name) his/her experiences regarding these cases and I have directly reviewed a subset of his/her cases recorded within his/her log.
In my opinion Dr(Applicant's Name) has the clinical competence and professional qualities necessary to perform as a critical care echocardiographer. The applicant has certified the number of studies provided above are exact numbers and are not rounded and/or estimates.
I Dr(Mentor's Name)has served as the mentor to Dr(Applicant's name) I am certified and/or credentialed to perform TEE's at my institution.
Sincerely,
(Original signature required) The same of the signature required Notary Seal
Type name (Diplomate of the ASCeXAM, CCEeXAM, Advanced PTE examination
OR
Testamur of the ASCeXAM within the last ten years & who is also a recognized expert in the field of critical care echocardiography.)
Sworn and subscribed to before me on (date):
Signature of Notary Public

NOTE: The EXACT number of studies performed & interpreted MUST be provided. Letters documenting training MUST be on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. If documenting fiscal years, exact dates are required. For example, MM/DD/YYYY - MM/DD/YYYY. Committee decisions will be determined using the numbers provided in this letter.